

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10/609420**

FILING DATE **07/01/03**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		1				
5						
6	1					
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50						
TOTAL IND.	2					
TOTAL DEP.	11					
TOTAL CLAIMS	13					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						